## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ı ŀ 1. 1. ì ŀ. ŀ Ĩ Į. ı TOTAL TOTAL TOTAL DEP. TOTAL DEP.

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